



AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

August 31, 2011

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

Grant Announcements

8/23/11 CMS announced an initiative to help improve care for patients while they are in the hospital and after they are discharged. Doctors, hospitals, and other health care providers can now apply to participate in the **Bundled Payments for Care Improvement initiative**, authorized under §3021 of the ACA. The program will align payments for services delivered across an episode of care, such as heart bypass or hip replacement, rather than paying for services separately. Bundled payments are intended to give doctors and hospitals new incentives to coordinate care, improve the quality of care and save money for Medicare.

The RFA outlines four models, three of which involve a retrospective bundled payment and one which would pay providers prospectively. According to CMS, applicants for these models would also decide whether to define the episode of care as the acute care hospital stay only (Model 1), the acute care hospital stay plus post-acute care associated with the stay (Model 2), or just the post-acute care, beginning with the initiation of post-acute care services after discharge from an acute inpatient stay (Model 3). Under the fourth model, CMS would make a single, prospective bundled payment that would encompass all services furnished during an inpatient stay by the hospital, physicians and other practitioners.

Organizations interested in applying to the Bundled Payments for Care Improvement initiative must submit a Letter of Intent (LOI) no later than September 22, 2011 for Model 1 and November 4, 2011 for Models 2, 3, and 4.

For more information about the various models and the initiative, please see the Bundled Payments for Care Improvement initiative web site at:
<http://www.innovations.cms.gov/areas-of-focus/patient-care-models/bundled-payments-for-care-improvement.html>

To view a factsheet on the Bundled Payments for Care Improvement initiative visit
<http://www.healthcare.gov/news/factsheets/bundling08232011a.html>

Read the notice in the Federal Register at:
<http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21707.pdf>

Grant Activity

8/25/11 DPH was awarded \$2,570,827 in CDC funds for a **Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance** grant under \$4002 of the ACA. The funding will allow DPH to:

1) Strengthen the link between the state's immunization information system and the electronic health records (EHS) used by community providers, 2) Develop a vaccine ordering system that is compatible with CDC's ordering and management system, and 3) Increase adult vaccination rates.

Read the grant narrative on the national health reform website at:
[Grant Narrative](#)

8/25/11 DPH was awarded \$118,894 in supplemental funds from the CDC for a **Tobacco Cessation and Prevention Program grant** under \$4002 of the ACA to expand and enhance tobacco quitline services. Funds will be used in partnership with the Massachusetts Department of Veterans Services to increase awareness and utilization of tobacco quitline services among Massachusetts veterans and their family members. This will enable the quitline to serve an additional 500 veterans or family members of veterans in FY12.

Read the grant narrative on the national health reform website at:
[Grant Narrative](#)

Guidance

8/26/11 CMS issued a **final rule** (which will be published in the Federal Register on 9/1/11) **implementing the Medicare Improvements to Patients and Providers Act (MIPPA) of 2008 which is designed to help people with Medicare** receive high quality, coordinated care and choose the coverage they want. The final rules limit the commissions that agents and brokers who sell Medicare Advantage and Medicare Prescription Drug plans can receive so that plans compete on the basis of benefits and quality, and not the size of their agent commissions. The final rules ensure that Medicare Special Needs Plans (SNPs) are improving the quality of care they provide and making sure that care meets the needs of individual patients through the requirement of a Model of Care and a quality improvement program. SNPs are a type of Medicare Advantage plan for people who are enrolled in both Medicare and Medicaid, people who have certain serious chronic conditions, or who need institutional care. Under the ACA, starting in 2012 SNPs must be approved by the National Committee for Quality Assurance (NCQA). Unless otherwise specified, the regulations are effective 60 days after publication in the Federal Register.

Read CMS Deputy Director Jonathan Blum's blog regarding the rule at:
<http://blog.cms.gov/2011/08/26/making-medicare-advantage-and-medicare-drug-coverage-continue-to-work-for-you/>

Prior guidance can be viewed at www.healthcare.gov

News

8/29/11 The Institute of Medicine (IOM) released "**Perspectives on Essential Health Benefits- Workshop Report**." HHS tasked the IOM with making recommendations on the criteria and methods for determining and updating the "essential health benefits" requirement in the ACA, a set of medical services and treatments that all insurers will have to cover by 2014.

Read the requirement at:

<http://webapps.dol.gov/FederalRegister/PdfDisplay.aspx?DocId=23983>

The IOM heard public comment in the winter of 2011 during two workshops on various aspects of the health benefits packages being considered. The workshop presentations are summarized in the report, but not the committee's recommendations, which will be released in a subsequent report.

Read the workshop report at:

https://download.nap.edu/catalog.php?record_id=13182#description

8/25/11 The California Health Benefit Exchange unanimously approved the **appointment of Peter Lee, the current deputy director at the Center for Medicare and Medicaid Innovation (CMMI), to serve as the exchange's executive director**. Lee has a long history of work in California, most recently with the Pacific Business Group on Health, which ran the California employer purchasing pool PacAdvantage for almost a decade. Lee will begin his new position on October 17, and will oversee the planning, development and ongoing administration of the exchange, according to the announcement from California's HHS office. In his current role at CMMI he has helped shape initiatives to identify, test and support new models of care in government programs designed to result in higher quality care while reducing costs.

8/19/11 HHS added 106 new recipients, **updating the list of those organizations that have been granted one-year "mini-med" waivers** to a total of 1472 applicants. The number of enrollees in plans with annual limits waivers is 3.4 million, representing only about 2% of all Americans who have private health insurance today. Fall 2011 HHS will stop the process of granting a new batch of one-year waivers at the end of each month to "mini-med" plans with limited benefits. Organizations, companies or labor unions that now have waivers from the annual limits in the health care law can keep them until 2014 as long as they ask for extensions by this fall and meet requirements for transparency. The deadline is September 22, 2011 for applications for new waivers and extensions for current waivers. These organizations receive a temporary exemption from the annual limit requirements by certifying that a waiver is necessary to prevent either a large increase in premiums or a significant decrease in access to coverage. In addition, enrollees must be informed that their plan does not meet the coverage requirements of the ACA.

To see a breakdown of the types of applicants and learn more, visit CCIIO's website:

http://cciio.cms.gov/resources/files/approved_applications_for_waiver.html

Upcoming Events

Next Quarterly Stakeholder Meeting

Patient Protection and Affordable Care Act Implementation meeting

Monday October 17, 2011 from 11:00 am - 12:00 pm

1 Ashburton Place, 21st floor, Boston

Open Meeting

Integrating Medicare and Medicaid for Dual Eligible Individuals

August 31, 2011, 10 am - 12 pm

Saxe Room, Worcester Public Library

Worcester, MA

Consumer Focused Meeting

Integrating Medicare and Medicaid for Dual Eligible Individuals

September 27, 2011, 10 am - 12 pm

1 Ashburton Place, 21st Floor, Conference Room 3

Boston, MA

*please note the date change for the September meeting

Open Meeting

Integrating Medicare and Medicaid for Dual Eligible Individuals

October 11, 2011, 10 am - 12 pm

State Transportation Building

Conference Rooms 2 & 3, Second Floor

10 Park Plaza

Boston, MA

Bookmark the **Massachusetts National Health Care Reform website**

at: www.mass.gov/nationalhealthreform to read updates on ACA implementation in Massachusetts.

Remember to check www.mass.gov/masshealth/duals for information on the **"Integrating Medicare and Medicaid for Dual Eligible Individuals"** initiative.